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INTERNATIONAL REVIEW OF THE RED CROSS

MARCH 1971 - No. 120

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INTERNATIONAL MEDICAL LAW

New Trends

by J. Patnogie

I. Purpose and Definition

If the subject covered by medical law must be stated, it is easy to say that it is the practice of medicine. This, the work of the doctor, should be defined by the jurist. The doctor in the first place is he who cures. It is an axiom that the purpose of medicine is to protect and preserve human life as far as possible. Confronted daily by the suffering and death of his neighbours, the doctor, *nolens volens*, finds himself as a privileged technician at the centre of a problem which it would be illusory to ignore.

But today this conventional idea of medicine has been broadened. It is essential to examine with a frank medical outlook all the scientific, technical, moral, legal, social and philosophical aspects of that broader concept.

In at least three ways that widening notion is observable: the extension of medical techniques; the possibility for modern medicine to prevent rather than cure; and the fact that the doctor is required to lead and direct man's physiological life, particularly in terms of his occupation and family life. It is no longer essentially a question of the art of healing, but more and more of the privilege of working upon the human body itself.

From the "purely" legal viewpoint, international medical law is now a whole set of principles, standards and various institutions

designed to ensure firmly and effectively the protection of human values which are symbolic of human life and health. The complicated and complex activities carried on in this new branch of law will have as their aim the limitation of the subject, whilst at the same time distributing it harmoniously but bringing out in particular the human, impartial, universal and, as far as possible, the independent character of international medical law within the system of humanitarian law.

Since the Second World War, several international organizations, military and civilian doctors and legal experts have been clamouring for the internationalization of medicine and the adoption of a medical charter not only nationally but also internationally.

The twofold legal framework of the medical contract and the exercise of the medical profession has, after a long evolutionary period, been gradually defined to the extent that it could be the subject of laws. The law had to intervene first to confer on the medical profession its guarantees and basic obligations. Several countries have adopted rules and laws on the exercise of the medical profession and have founded professional corporate organizations. Some national medical associations have already devised their own rules of conduct (in the first place, a code of ethics). It may be said that those regulations constitute the outline of an international medical charter which would officially recognize the privileges, duties and rights of doctors.

Particular attention is being given internationally to three basic sectors of medical law:

The first covers the possibility of legal regulations relating to medicine (medicine and the exercise thereof).¹ The second is the medical mission (the international code of ethics, medical ethics, professional secrecy, the doctor-patient relationship) and the third—the most important, and embodying the first two—is the humanitarian mission of medicine.

The latter is the basis of international medical law, particularly in time of conflict, because it will not be possible effectively to protect the victims of war only through the action of doctors for

¹ International Law Association, Hamburg Conference, 1960; International Medical Law Commission, pp. 684-708.

whom the only reason for the existence of medicine is the protection and the safeguard of human life.

Most rules and essential features which must be included in international medical law are to be found in the Geneva Conventions for the protection of the victims of armed conflicts. Other important legal instruments from which international medical law draws its inspiration are: the United Nations Charter, the Universal Declaration of Human Rights, the Convention on the Prevention and Punishment of the Crime of Genocide, the International Covenant on Economic Social and Cultural Rights, the Conventions of the World Health Organization, the Court Reports on the trials of German (Nuremberg) and Japanese (Khabarovsk) doctors condemned for war crimes and crimes against humanity, etc.

In his report on the objectives of medicine and the duties and rights of doctors and medical personnel of all kinds to the 49th Conference of the International Law Association (ILA), General Jovanovic stressed: " Medicine is most directly concerned in the application of the basic principles of the safeguard of human values. Medical science has therefore acquired one of the most important places in the system of international guarantees of human rights. Like a deep and hidden current, medicine links the many branches and disciplines of law, conferring on them the stamp of a profound humanism. This important role of medicine in contemporarily international society made it necessary to regulate it by international legal standards. Consequently we can today speak of the existence of international medical law. The development of this branch of international law is in full swing and acquiring an important place in the international law of war, particularly of humanitarian law ".²

When adopting the resolution on international medical law, the 49th ILA Conference considered " that the question of legally defining the objectives of medicine and the elementary rights and duties of doctors and medical personnel, is of capital importance for studies related to the development of international law, bearing in mind that doctors alone direct therapy and prophylaxis ".*

The ILA Medical Law Commission may be expected to continue its work in this basic field of international medical law.

² Our translation. See note No. 1, p. 700.

* Our translation.

II. New trends

It must not be forgotten that the major contribution to the development of international medical law was due in the first place to the International Committee of Military Medicine and Pharmacy (ICMMP), the *Commission médico-juridique de Monaco* and the International Committee of the Red Cross (ICRC). Since 1952, on the initiative of the ICMMP and the ICRC, there have been 14 meetings on international medical law, the last one in November 1970. These exchanges of views on medical law studies, projects and proposals submitted by the most competent international organizations, have undoubtedly contributed not only to the development but also to the affirmation and role of contemporary international medical law.

Several projects and conclusions have been adopted during the meetings on medical law. For example, the 1958 medical ethics in time of war and rules to provide relief and care to the wounded and the sick, particularly in time of armed conflict, were the subject of important consultations on the occasion of International Conferences of the Red Cross and the Military Medicine Congresses.

The ICRC dealt with this subject in its circular (No. 425) to the Central Committees of National Red Cross Societies on 6 February 1959. The result of that initiative was very favourable. At the XX1st International Conference of the Red Cross, the ICRC submitted a report on the protection of civilian medical and nursing personnel and medical assistance to the wounded and sick. Two resolutions adopted by that Conference have given strong support to the ICRC's work in the realm of medical law and authorized it to prepare concrete proposals, particularly within the framework of studies related to the reaffirmation and development of the laws and customs applicable in armed conflicts.³

³ The XX1st International Conference of the Red Cross... underlines the necessity and the urgency of reaffirming and developing humanitarian rules of international law applicable in armed conflicts of all kinds, in order to strengthen the effective protection of the fundamental rights of human beings, in keeping with the Geneva Conventions... and requests the ICRC on the basis of its report to pursue actively its efforts in this regard with a view to:

1. proposing, as soon as possible, concrete rules which will supplement existing humanitarian law...
(Istanbul, September 1969)

See also Resolutions XVI and XXXI of the same Conference.

The XIIIth Meeting on International Medical Law, organized in Geneva in 1970 on ICRC initiative, encouraged the latter to continue its efforts for the protection in time of armed conflict of the wounded and the sick and also medical personnel.

It is very difficult to state what current medical law problems should be studied as a matter of priority. Conditions today and the fact that armed conflicts unfortunately break out almost daily, demand urgent and effective responses to the basic questions relative to the medical protection of human beings in all circumstances.

Some examples of matters calling for priority are the following:

1. The protection of wounded and sick in internal conflicts. Article 3 common to the four Geneva Conventions states that " the wounded and sick shall be collected and cared for ".

In 1949, when the four Geneva Conventions were adopted, article 3 as a whole was considered a revolution in legislation relating to the protection of victims of armed internal conflicts. But it was soon observed during recent armed conflicts that the rules relating to the protection of victims of internal conflicts (article 3) were inadequate and unequal to the needs of the time. Experience has shown that effective protection for wounded and sick must be devised. In other words, article 3 of the Geneva Conventions must be supplemented, bearing in mind in the first place the other provisions of those Conventions for the protection of casualties.

It is obvious that ways and means of supplementing article 3 of the Geneva Conventions, to ensure protection for the victims of internal conflicts and for the wounded and the sick, must be examined simultaneously. The broadening of the scope of humanitarian treaties demands that the supplementing provisions be applicable in all circumstances. That is why those Conventions are developing gradually, by stages, as dictated by necessity.

To improve article 3 of the Geneva Conventions, from the medical point of view, will necessarily entail the study of the following three fundamental problems:

- (a) more effective protection of wounded and sick, bearing in mind nevertheless the specific characteristics of the various kinds of internal armed conflicts;

- (b) the protection of medical personnel and equipment;
- (c) the display of and respect for the red cross sign.

What is contained in the Geneva Conventions must not be called into question. Indeed their provisions must be made applicable in internal conflicts. Article 3 is an integral part of the Geneva Conventions and it cannot be considered in isolation. Its development means the simultaneous development of the traditional system of the Geneva Conventions. It is essential to achieve that objective.

2. The Third International Congress of the Neutrality of Medicine, in Rome, 1968, after a very interesting discussion, adopted an important resolution on problems related to organ transplants. It states that "although certain sick or injured persons may benefit from organ transplants, there are, incontrovertibly, risks that attempts may be made on the life or health of persons detained or at the mercy of a foreign or hostile Power which might be tempted to put into effect, to the detriment of those persons and for the benefit of its own nationals or its partisans, the monstrous idea of organ banks".⁴

Referring to this delicate and complex problem, important both in time of peace and in time of war, the Congress proposed: "that the provisions of the Geneva Conventions forbidding mutilation and medical or scientific experiments not required for the medical treatment of a protected person, particularly any act intended to destroy a physiological function such as reproduction, and any form of genocide,⁵ should be supplemented and stated in more precise terms; that organ transplants on a person deprived of freedom should be forbidden. . . that the removal of an organ from

⁴ Our translation. "Third International Congress of 'the Neutrality of Medicine, provisional summary record and resolutions adopted; Rome 16-20 April 1968," p. 30 (Resolution VI).

"Recognizing that, in certain fields of scientific research, experiments on man are essential for the progress of medical knowledge and human welfare;

Considering that research should not jeopardize human rights;

Aware that biomedical experiments on man have roused considerable interest and justifiable anxiety throughout the medical profession and in public opinion. . . ." (extract from the resolution adopted by the Round Table Meeting on "Biomedical Science and Experimentation on Man", organized by CIOMS, UNESCO Building, Paris, 7 October 1967). (Our translation.)

⁵ See note No. 4, p. 30.

a person deprived of freedom, subject to racial discrimination or under foreign domination in time of war or internal conflict, should be forbidden. . . .⁶

Organ transplants have caused considerable disquiet not only among doctors and legal experts (whose opinions vary considerably) but particularly among the general public. They have given rise to a number of medico-legal questions which will have to be solved.

3. Who is competent (even in time of armed conflict) to make out a list of priorities? What is the scope and where are the limits of medicine? Medical science has developed rapidly and medical technology has provided the means for the exercise of the medical profession. If material resources are limited, who will reach the decision concerning medical assistance?

There is another problem, a social problem, which is directly related to the progress of medicine, particularly medical technology, namely: the definition of death.

From the traditional legal point of view, death occurs when the heart ceases to beat. Today, however, with modern resuscitation techniques and the possibility of removing it, the heart can be made to stop and function again after a relatively long time. But what can and should the doctor do for a patient whose heart is still beating although his brain cells are dead and show no reaction on the electroencephalogram? Does that mean that the doctor is confronted with a "euthanasic dilemma"?

But a doctor is not entitled to cease giving assistance to a patient even if death is inevitable. This is a recurring problem in cases of organ transplants which today are frequent and often unsupervised.

4. On the problem of euthanasia, all, or nearly all, international meetings of doctors stress the importance and necessity of inter-

⁶ Our translation. See note No. 4, p. 30.

"Heart transplants at present are a palliative and an exceptional operation whose results are as yet unpredictable. Such an operation can only be considered in institutions which have specialists actively concerned in cardiology, immunology, neurology and heart surgery, all working in close co-operation. . ." (extract from a resolution on "Heart Transplants" adopted by the Round Table organized by the CIOMS, Geneva, 13-14 June 1968). (Our translation.)

national regulations. Opinions vary, however, and there are those who are in favour of the free exercise of euthanasia.

Dr. Gabriel Deshaies, analysing the problem "the doctor and euthanasia", has submitted conclusions which are a "direct attack" on conventional medicine:

- (a) Euthanasia, the lesser evil, is a humanitarian and a thorny problem for the doctor. It should be discussed against the background of rapidly evolving institutions.
- (b) Some aspects of the problem are not new; they have been solved to some extent by practitioners, with their traditional discretion.
- (c) A broader and more enlightened attitude in favour of euthanasia would reflect an even more exacting conscience of the medical profession, one which would be able to combine helping people to live with helping people to die; for which men often have great need.
- (d) Any change in the law should be in the nature of an optional authorization and should lay down the procedure to be followed.⁷

Mrs. B. de Féligonde, in 1952, stated: "On whether a person is useful to or a burden on society will depend his right to live. It was on this utilitarian social policy that the Hitlerian doctrines resulted in the elimination of the insane, the incurably sick and the subnormal" ⁸. Does this attitude still prevail?

The *Académie des Sciences morales et politiques* (Paris) rejected the idea of killing, by any methods whatsoever, persons considered to be monstrosities, deformed, deficient or incurable. Its post-war statement is still valid today: "Euthanasia, the act or practice of painlessly putting dying persons to death, should not be countenanced. It is undoubtedly the doctor's duty to alleviate as much as possible the dread and throes of death. The fear that death might occur in the course of his administrations should not inhibit his therapeutic efforts, but he should not consider the deliberate inducement of death as permissible. . . the practice of euthanasia would

⁷ Our translation. Report submitted to the meeting of doctors (Medical Faculty), Paris, February 1970, pp. 6-7.

⁸ Our translation. S. de Féligonde, *Les sources actuelles d'un Droit international médical*, Liège 1952, p. 105.

be tantamount to vesting in the doctor the power to choose life or death for his patient, in contradiction to his true function, which is to cure, and in disregard of the traditions of his profession, public order and the moral principles of a millennium and one of whose pillars is hope. . .”⁹

III. Conclusion

This article began by pointing out that medical law is concerned with medical practice; it concludes with a reminder of some ideas put forward by Professor Portes in 1950: “ There are four essential and indissociable aspects to the doctor’s duty: scientific knowledge, manual dexterity and technique—which in themselves raise serious questions; dedication—acceptance of unlimited demands on the doctor’s spare time and of the often formidable risk of contagion; an overriding wish never to harm, directly or indirectly, a patient or his entourage; and the discretion which is the subject of this study and for which the conventional term is “ professional secrecy ” or, preferably, “ medical secrecy ”.¹⁰

International medical law bears a heavy responsibility as a new scientific branch of law: to counter all trends which might lead to a change in medicine, and to encourage all measures designed to maintain and develop humane medicine.

Jovica PATRNOGIC
Professor of International Public Law

⁹ Our translation. *Presse médicale*, 7 January 1950, Paris.

¹⁰ *Médecine de France*, No. XIV, 1950, p. 5.

INTERNATIONAL COMMITTEE OF THE RED CROSS

CONFERENCES FOR THE DEVELOPMENT OF HUMANITARIAN LAW

Main Subjects

Notwithstanding the volume reached by the Geneva Conventions in 1949, they do not cover the whole field of human misfortunes. It is now more than twenty years since they were drafted. Moreover, although Geneva Law was developed in detail in 1949, The Hague Law, on the contrary, which deals more with the regulation of hostilities and of the utilization of weapons, goes back to 1907, when bomber aircraft had not yet come into existence.

The ICRC therefore decided to initiate a new stage in the development of humanitarian law. It was given a formal mandate to do so by the XXIst International Conference of the Red Cross, held at Istanbul in 1969. This effort has also the support of the United Nations, which adopted important resolutions in the same field.¹

Conferences of experts have therefore been convened by the ICRC. The first, organized by the Netherlands Red Cross Society and which was attended by National Red Cross Society experts, took place at The Hague from 1 to 6 March. News on the conference will be given in our next issue. The second conference, at which government experts from a number of countries will meet, will be held in Geneva from 24 May to 12 June 1971.

We give below a summary of the main subjects to be dealt with by these two conferences for the development of humanitarian law. (Ed.)

* * *

¹ See *International Review*, January and February 1971.

Protection of Wounded and Sick

The 1949 Conventions did not provide adequate solutions to the problem of the protection to be afforded to civilian doctors and other members of the civilian medical personnel. Under existing law, only personnel of civilian hospitals are protected in any way. The other doctors and nurses are not more protected than civilians in general and do not have the right to bear the red cross emblem. A survey carried out among Governments revealed that in most countries it was envisaged to amalgamate military and civilian medical services, or at least to create a truly civilian medical service that would be organized and supervised by the State. It would be therefore now possible to extend the red cross emblem to civilian personnel.

The present Article 3 of the Geneva Conventions, applicable to internal conflicts, merely says that the wounded and sick shall be collected and cared for, but it contains no mention at all of the protection of doctors, medical personnel or hospitals, nor of the respect due to the protective red cross emblem. This gap must be filled.

Measures Intended to Strengthen the Application of the Law

Humanitarian law has already saved millions of lives. It can save many more, but, for this, it must be applied and primarily must be familiar to all those in authority. What is to be done in order that this twofold objective may be achieved?

In this respect, the problem of supervising the application of the Conventions is of capital importance. This supervision has been entrusted to Protecting Powers, i.e. neutral States representing the interests of a belligerent in the country of an adversary, and subsidiarily, to the ICRC. But, in many cases, for political reasons, there has been no Protecting Power to do anything. How can this be remedied?

Another question of outstanding importance is: could the sanctions applied to prevent and repress violations of the humanitarian Conventions be strengthened?

Protection of Civilian Populations

In general the Fourth Geneva Convention protects civilians only against abuse of an enemy's authority, but not against the use of weapons.

It is now known—somewhat belatedly—that the large-scale bombing of towns during the Second World War did not “pay” from the military point of view. However, although the destroyed towns have been rebuilt, the limits which humanity requires in the conduct of hostilities have not been reaffirmed.

Today States may perhaps be prepared to confirm in a formal undertaking certain minimum rules to that effect, stipulating that the parties to a conflict do not have an unlimited choice of means to inflict injury on an enemy, that terrorist raids against the civilian population *per se* are prohibited, that attacks may be directed solely against military objectives and that even then every precaution must be taken to spare civilians inordinate damage.

Protection of Victims of Non-International Conflicts

Another major problem is: how to ensure the application of humanitarian law, or at least its essential provisions, in conflicts which are not international; in other words, in civil wars and internal conflicts. There is a dire need for a solution to this problem, for civil wars sometimes give rise to a proportionately greater amount of suffering than those which are international, due to the fervour and hate they engender. Whereas formerly the law of nations was not considered relevant to revolt, there has been, since 1949, an article in the Geneva Conventions—article No. 3, common to all four—which has acquired fame because it constituted an innovation. It has also proved to be invaluable in practice.

Nevertheless, even its own authors admit that it was but the first step. Experience in recent conflicts has shown that there are many points which it does not cover. For instance, although it demands humane treatment and regular trial for prisoners, it does not prevent the bringing to justice and the punishment of people who have participated in rebellion. Can the giant stride now be taken, that is to say, can such people be granted the impunity

which is granted prisoners of war if they have only taken part in hostilities without committing any crime, or can at least capital punishment be discontinued for the duration of the conflict?

Can consideration be given to the introduction of some sort of supervision, or at least make ICRC intervention official, instead of optional for the parties as at present? Can measures be contemplated to attenuate the hardship caused by blockade to non-combatants, particularly children?

There is one omission which might be remedied without opposition. Article 3 states that in the case of armed conflict not of an international character the wounded and sick shall be collected and cared for, but it states not a word on the protection of doctors, nursing personnel and hospitals or on the respect due to the protective red cross emblem. This gaping loophole must be closed.

Guerrilla Warfare

Guerrilla warfare (or "little war") is a method of waging war which has become very widespread in recent times. It is characterized by underground fighting in which the combatants resort especially to surprise attacks and ambushes. It may occur in international just as much as in internal conflicts. The civilian population, torn between one side and the other, is often the principal victim of this form of combat. It is indispensable that it should be able to avail itself of the safeguards of humanitarian law.

Another problem is to determine whether the conditions which combatants must obey in order to qualify for prisoner-of-war treatment should be revised. Such conditions would include, for example, to carry arms openly and to respect the laws and customs of war, in order that the fighting may be fair and above board.

J. P.

EXTERNAL ACTIVITIES

Near East

Exchange of prisoners of war.—On 31 January 1971, the 37 Saudi and 24 South Yemeni prisoners of war captured during border incidents in November 1969 were repatriated under the auspices of the ICRC.

Two aircraft took the former prisoners, accompanied by ICRC delegates, from Riyadh and Aden to Cairo where the exchange took place.¹

Re-uniting of families.—On 27 January 1971, an operation for the re-uniting of families took place under the auspices of the ICRC at El Qantara, on the Suez Canal. 209 persons were thus able to go to the United Arab Republic and 38 others to the occupied territory of Gaza-Sinai.

Israel and the occupied territories

Food relief supplies.—The ICRC made available to the competent Israeli authorities, for distribution to needy civilian inhabitants of Sinai, 300 tons of flour donated by the Swiss Confederation. More than 50,000 Bedouin inhabitants of the central and northern parts of Sinai have so far received of this aid at distributions carried out in the presence of ICRC delegates.

Distribution of parcels.—In January 1971, ICRC delegates distributed standard parcels containing fruit, biscuits, cigarettes and soap in 10 prisons in Israel and the occupied territories. In all, 458 Arab detainees who had not been visited by their families for three months enjoyed this aid.

¹ *Plate.*



Caracas: Mrs. Alvarez (*right*), President of the Venezuelan Red Cross, and Mr. Nessi (*left*), Delegate-General of the ICRC for Latin America, received by the President of the Republic of Venezuela, H. E. Mr. R. Caldera (*centre*).

Colombo: The delegate of the ICRC presents the Ceylon Minister of Education with a copy of the textbook "The Red Cross and My Country". (From *right to left*: Mr. Samaranayaka, Chairman of the Ceylon Red Cross, Mr. Badi-ud-din Mahmud, Minister of Education, Mr. Laverrière, ICRC delegate, and Mr. Mallawarachie, Honorary Secretary of the National Red Cross Society).



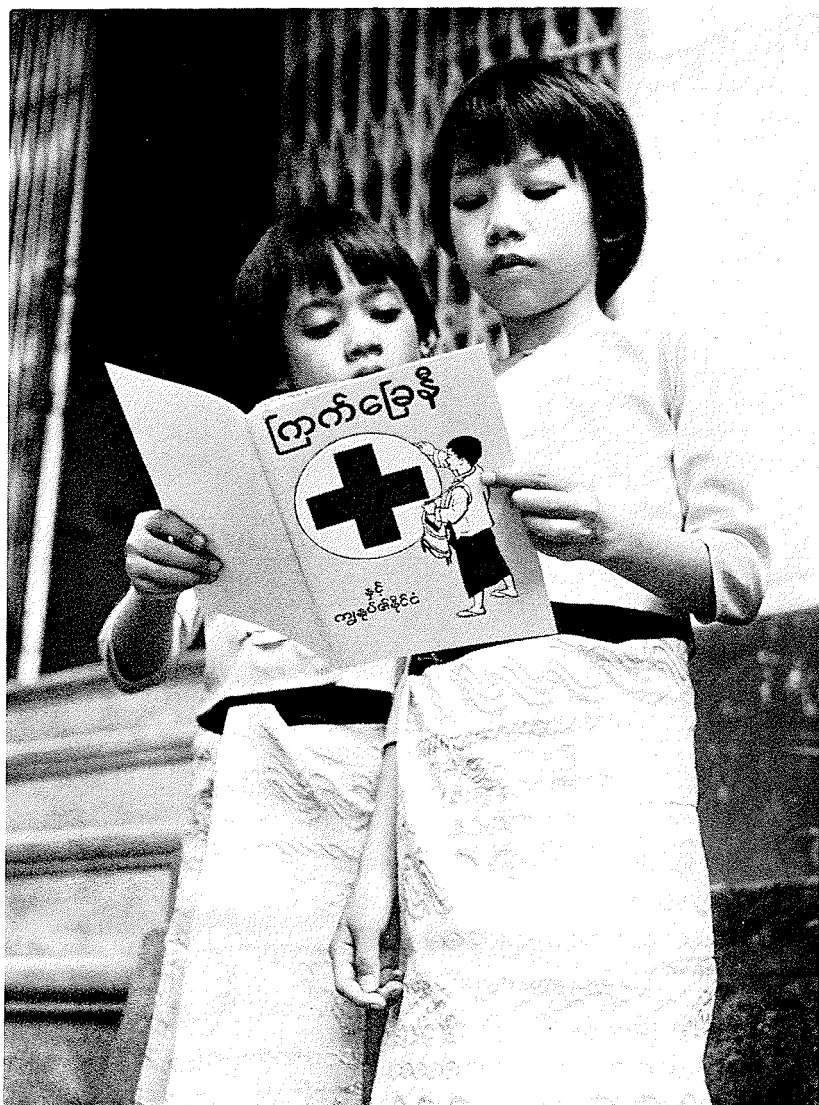
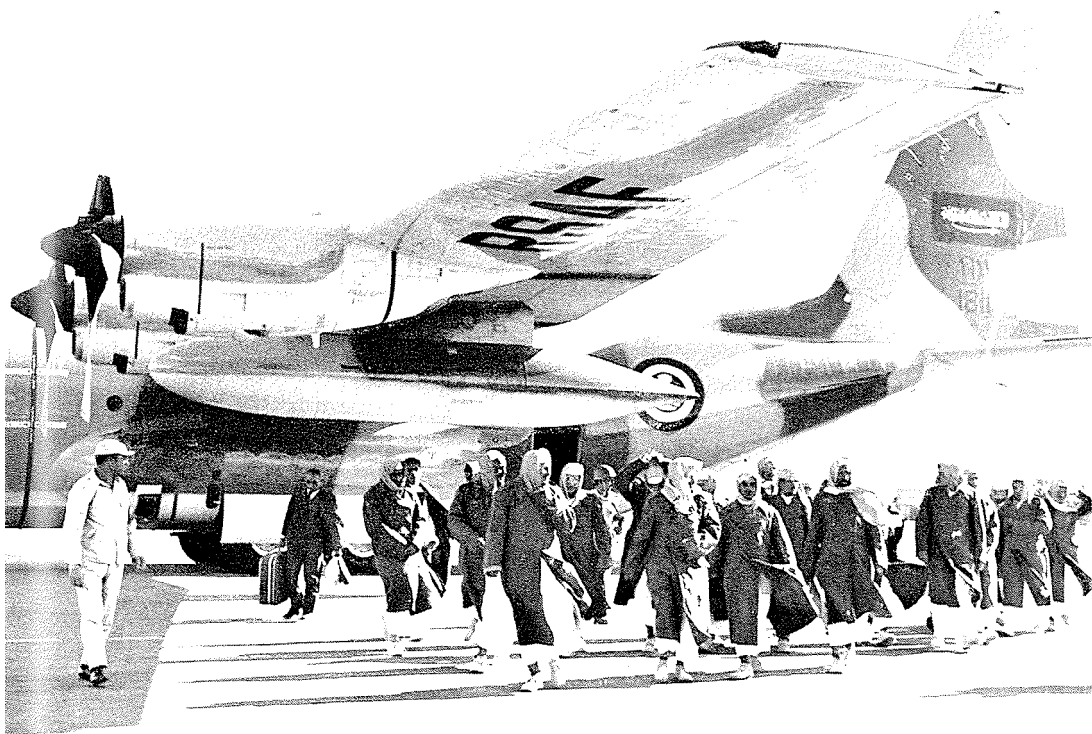


Photo J.-M. Laverrière

Rangoon: Burmese girls reading the textbook " The Red Cross and My Country ", translated by the Burmese Red Cross, which will also distribute copies to schools.



Cairo : Prisoners of war arriving for an exchange of prisoners operation under ICRC auspices.



Photo J. Zbinden, Genève.

Geneva: The Central Tracing Agency's card indexes on the first floor.

Visits to prisoners of war.—Delegates of the ICRC visited on 20 January and 4 February 1971 all the prisoners of war held by Israel. These included 72 prisoners from the United Arab Republic, 39 from Syria, 10 from Lebanon and one from Jordan. As was the case with previous visits, the delegates talked in private with detainees of their choice. Their reports are sent to the detaining authorities and the prisoners' own government.

Repatriation of a civilian.—On 15 January 1971, a Lebanese citizen, captured on 13 November 1970 by the Israeli armed forces, was repatriated under ICRC auspices.

United Arab Republic

The ICRC delegates in the United Arab Republic visited, on 24 and 25 January 1971, all Israeli prisoners of war. Two were in a Cairo hospital for treatment whilst the other ten were in the Abassieh military prison.

The delegates talked in private with the prisoners. As customary their report is delivered to the detaining authorities and to the prisoners' own government.

Syria

The ICRC delegate in Syria visited a detained Israeli civilian on 19 January 1971, and three Israeli prisoners of war on 30 January. He interviewed them without witnesses and letters and parcels from the civilian detainee's family were delivered to him. The reports as usual are delivered to the authorities concerned.

Yemen Arab Republic

In December 1970, the ICRC artificial limb workshop in Sana'a continued its operations.

Two local disabled persons were recruited to assist in training the amputees. Some fifty patients were being attended to at the workshop. In addition, five patients regularly attended the centre for physiotherapy.

Laos

Relief distributions.—On 26 and 27 December 1970 and on 5 and 6 January 1971 the ICRC delegates in Laos distributed relief to displaced persons, in co-operation with the Laos Red Cross.

During the first distribution some 11,000 displaced persons, comprising 1,200 families, living in the Vientiane plain, received 1,213 straw mats, 2,042 blankets and 1,335 pieces of material to make clothing. The second distribution of relief took place at Paksong, Paksé and Kong-Sédone. Nearly 1,000 persons, comprising 200 families, received the benefit of ICRC assistance in the form of 150 blankets, 250 straw mats and 280 pieces of material.

Visit to prisoners of war.—Delegates of the ICRC in Laos visited on 20 January 1971 Samkhe Prison in Vientiane. They saw there over 80 prisoners of war and spoke to several of them without witnesses. Their report is sent to the authorities concerned.

Latin America

From 10 November to 20 December 1970, Mr. Serge Nessi, Delegate-General of the ICRC for Latin America, went on a mission to several National Red Cross Societies in the Caribbean area.

On the first stage of his journey, Mr. Nessi went to *Jamaica* where he stayed until 13 November. He saw there Mr. A. D. Sasso, President of the Jamaica Red Cross Society, Mrs. Marjorie E. Miller, Vice-President, and Mrs. Winsome Hawkins, Secretary General. At a meeting of the Central Committee of the National Society, Mr. Nessi gave an account of ICRC activities and projects.

He also visited the Red Cross Committee at Montigo Bay, where he was received by the Director, Dr. Harland C. Hastings.

The Delegate-General had talks with Brigadier General David Smith, Chief of Staff of the Jamaica Defence Force, on the dissemination of the Geneva Conventions and distribution of the "Soldier's Manual" among members of the armed forces.

From 13 to 15 November, Mr. Nessi was in *Haiti*. He there met Dr. Victor Laroche, President of the Haiti Red Cross, and various members of the Society's Central Committee, and visited the new Red Cross blood transfusion centre, under Dr. A. Westerbant.

In the *Dominican Republic*, the ICRC Delegate-General was received by Dr. Manuel Saladin Velez, President of the Dominican Red Cross, and Dr. Rafael Albert, Secretary General. He visited the National Society headquarters and centres in Santo Domingo, and the provincial councils of San Cristobal, Santiago, San Francisco de Macoris and La Vega.

Mr. Nessi also broached the matter of the dissemination of the Geneva Conventions and distribution of the "Soldier's Manual" among members of the Dominican armed forces, in the course of a meeting with the Minister of Defence, Major General Joachin A. Mendez Lara.

On 23 November, the Delegate-General flew to Caracas to meet the President of the ICRC who was on an official visit. He then went with Mr. Naville to Panama and then to Nicaragua, in which place he took part from 1 to 5 December in the Ninth Inter-American Red Cross Conference..

Mr. Nessi returned to *Venezuela* early in December and was received by H. E. Dr. Rafael Caldera, President of the Republic.¹ He then went to *Trinidad and Tobago* where he had talks with Red Cross leaders, including Mrs. H. W. MacNaughton-Jones, Vice-President, and Dr. S. Moosai-Maharaj, Secretary General.

After visiting the Society's premises and centres at Port of Spain, Mr. Nessi went to San Fernando, where he was welcomed by Mr. George Thompson, Director of the Southern Branch of the Trinidad and Tobago Red Cross Society. He then visited the Children's Convalescent Home under Mrs. L. C. C. Hobson.

On his return to Port of Spain, the Delegate General met Mr. Kamal Udin Mohamed, Minister of Foreign Affairs, Mr. G. Chambers, Minister of National Security, and Mr. Donald Pierre, Minister of Public Services.

During the last stage of his journey, Mr. Nessi stopped in *Guyana* and visited Red Cross premises and centres in Georgetown, including the Thomas Lands School for Handicapped Children and Princess Elizabeth's Convalescent Home. He had talks with Mr. H. B. S. Bollers, President of the National Red Cross Society,

¹ *Plate.*

Mrs. S. Matthews, its Director, and with several Central Committee members at a meeting of the Central Committee of 17 December.

The Delegate-General of the ICRC was received in audience by the President of the Republic, Mr. Arthur Chung, and met Mr. S. Ramphal, Minister of Foreign Affairs, and Mr. S. Worrell, Permanent Secretary at the Ministry of the Interior. The question of the dissemination of the Geneva Conventions and distribution of the "Soldier's Manual" among members of the armed forces was discussed with Colonel C. A. L. Price, Chief of Staff of the Guyana Defence Force. Mr. Nessi also had talks with the leader of the opposition, Dr. Cheddi Jagan.

Mauritania

From 22 to 26 January 1971, Mr. Georg Hoffmann, ICRC Delegate-General for Africa, and Mr. François Payot, Regional Delegate for North Africa, were in the Islamic Republic of Mauritania. They were received by H.E. Moktar Ould Daddah, President of the Republic, and his wife, President of the future Mauritanian Red Crescent Society; other eminent senior officials they met included Messrs. Ahmed Ould Mohamed Salah, [Minister of Social Affairs, Ahmed Ben Amar, Minister of Health, and Abdul Aziz Sall, Minister of the Interior.

This was the first visit by ICRC representatives to this country, which had signed the Geneva Conventions in 1962, and it allowed the delegates to expound to their hosts the structures, activities and aims of the organs of the International Red Cross, to encourage the existence of a National Red Crescent Society, and to broach the question of the spreading of humanitarian principles among youth and within the armed forces.

At a working session with the steering committee of the Mauritanian Red Crescent Society, created on 22 December 1970, the procedure for its subsequent recognition by the ICRC and its admission to membership in the League was defined. Though newly formed, the Mauritanian Red Crescent is none the less active, and the ICRC has high hopes that it will witness the expansion of its various social, health and medical activities among the people of Mauritania.

The question of the dissemination of the textbook for schools and of the accompanying "Teacher's Manual", as well as that of the "Soldier's Manual" among members of the armed forces, was examined at meetings with the ministry officials concerned. The authorities showed much interest in these educational publications and their distribution is already being envisaged.

Mr. Hoffmann and Mr. Payot received a most friendly and positive welcome from the government authorities and from the members of the newly-created Red Crescent Society.

IN GENEVA

Signature of an Agreement with the European Economic Community

On 14 May 1969, the International Committee of the Red Cross, had signed an agreement with the European Economic Community (EEC), under which the latter was to make available various kinds of cereals for the assistance programme in aid of the victims of the Nigeria conflict ¹. After the cessation of hostilities in Nigeria, the relief action was terminated, leaving a surplus of 12,671 tons of cereals.

The EEC and ICRC subsequently agreed to allocate this balance, the value of which was estimated at 6 million Swiss francs, to other aid programmes, and signed a new agreement in Geneva on 20 January 1971. The EEC was represented by Mr. E. Cazimajou, Permanent Deputy Representative of France to the European Communities, and Mr. J. Durieux, Director of the

¹ This was followed by further agreements. See *International Review*, May 1970.

General Division for Development Aid of the Commission of European Communities, while the ICRC was represented by Mr. R. Courvoisier, Personal Assistant to the President of the ICRC and Director of the Operations Department, and Mr. C. Ammann, Assistant Director and Economic Adviser.

Thanks to this generous donation, the ICRC will be able to carry out an important food aid programme. Displaced persons in Syria and the inhabitants of the Gaza-Sinai area will receive relief supplies in the form of flour, semolina, pearl barley and porridge oats.

For victims of pseudo-medical experiments

The Neutral Commission appointed by the ICRC to decide on applications by Polish victims of pseudo-medical experiments in Nazi concentration camps during the Second World War met from 7 to 9 January 1971 at ICRC headquarters in Geneva. It consisted of Mr. W. Lenoir, President, a judge of the Geneva Court of Justice, Dr. S. Mutrux, assistant director of the Bel-Air psychiatric clinic in Geneva, and Dr. P. Magnenat, professor and assistant at the Nestlé Hospital university clinic in Lausanne.

The Neutral Commission awarded 75 victims indemnities totalling DM 2,085,000. This brought to DM 28,515,000 the total of assistance which the Government of the Federal Republic of Germany has paid to Polish victims of pseudo-medical experiments on the basis of the Neutral Commission's decisions.

Booklet "Rights and Duties of Nurses"

In its desire to spread as much as possible knowledge of the Geneva Conventions among nursing personnel, the ICRC has published a booklet entitled *Rights and Duties of Nurses under the Geneva Conventions of August 12, 1949*. It is available in a pocket-size edition, bound in a plastic cover, and has been reprinted several times since it came out in July 1969. Already 17,345 copies have been sold: 3,421 in French, 7,236 in German, 3,980 in English, and 2,708 in Spanish.

The booklet contains in summarized form some extracts from the four Geneva Conventions which concern more directly medical personnel (provisions in cases of armed conflict and in peacetime).

It has been translated by the ICRC into English, Spanish and German. The Czechoslovak Red Cross and Finnish Red Cross have each brought out an edition in Czech and Finnish respectively and the Lebanese Red Cross has prepared a version in Arabic.¹ In addition, other Red Cross National Societies are studying the possibility of having the booklet translated and printed in the language of their own country.

¹ See *International Review*, February, 1971.

Maintain the Contact, seek the Missing

The Central Tracing Agency

The two principal tasks pursued by the Central Tracing Agency at the ICRC in Geneva are to maintain links between prisoners and their families and to trace persons who have disappeared or have been separated from each other as a consequence of various events (international conflicts, civil wars, internal disturbances).

At present, an index of 45 million cards is the Agency's chief working instrument¹. It enables it to deal with thousands of tracing inquiries submitted to it each year. It is thus, by carrying out for over a hundred years the useful task of ensuring contacts between persons separated by war, that the Central Tracing Agency has acquired its reputation.

In 1870-1871, during the Franco-Prussian War, the International Committee obtained from both belligerents lists of the wounded and prisoners taken by them. Next, at its request, the belligerents signatories of the Geneva Conventions authorized captives to correspond with their families. Receiving, checking, sending on these innumerable letters was but one more job of the Agency.

During the First World War, the Agency received up to 18,000 communications daily. These figures show how essential this undertaking had become, representing the sole link between thousands of persons.

At the beginning of the Second World War, the Agency received between 500 and 600 mail items each day; this average was to

¹ *Plate.*

reach the figure of 100,000 cases daily by the end of 1944. Thus for the whole duration of that war, 110 million letters, of which 30 million were civilian messages, entered and left the Agency's offices. At that time, resort had to be made to the services of 900 persons assisted by 300 voluntary workers (for Geneva Headquarters), who were also helped by 1400 persons distributed throughout Switzerland.

It is normal that in the past few years the Agency has attempted to modernise its methods of work. Thus since the last conflicts information received is now fed into the card-index by computer.

This new method gives remarkable results in tracing difficult cases. Whilst, previously, use was made solely of alphabetical and numerical lists, each case can now be classified according to different criteria: alphabetical, by serial number, by prisoner-of-war number or by rank.

Better identification, the elimination of errors due to the retranscribing of information, economy in personnel and speed in tracing are the principal improvements brought about by this system.

The work of the Central Tracing Agency today

The efforts deployed by the Central Tracing Agency are as great as before; to be convinced of this, it is sufficient to list its activities in 1970. Thus, from January to December, it received 45,316 requests and letters and sent 43,510 letters. It initiated 10,091 enquiries with National Red Cross and Red Crescent Societies, ICRC delegations, the International Tracing Service at Arolsen and various other competent bodies, and closed 10,661 files; positive results were obtained in 4,936 cases.

These figures give only a very relative evaluation of the work accomplished, since they represent more than just an exchange of correspondence. Every request coming in necessitates a thorough enquiry in the Agency card indexes, and every time a new case is dealt with, a new personal card must be entered. But as many requests do not concern a single person alone but whole family groups, the new entries must be multiplied accordingly.

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Some people may be astonished to learn that, for instance in Europe, the Agency is still carrying on an important volume of work (particularly in the German, Italian, Polish and Soviet sections) twenty-five years after the end of the Second World War. But these voluminous records are all the more valuable as those of some former detaining Powers and of countries to which prisoners belonged had been destroyed or scattered as a result of war. Moreover, frontier changes since 1945 and the political events of the last twenty-five years had brought about mass movements of refugees.

What part does the Agency play to help these displaced persons? In each case, it initiates enquiries in order to find refugees, either through the channel of information offices in the country where they first went and in the country where they settled, or, inversely, by starting enquiries with the aim of obtaining news of members of refugees' families left behind in their country of origin. Next comes a further humanitarian step: the reconstitution of the family groups, through the good offices of the Agency in co-operation with National Societies.

With regard to refugees, the Agency also assumes the role of adviser, and even intermediary, for the receipt of war pensions and (in co-operation with the International Social Services) allowances.

In other parts of the world, too, it performed useful work during 1970. One need only give as examples its enquiries on Egyptian, Israeli, Jordanian and Yemeni soldiers missing in military operations, civilians presumed to have been arrested and Palestinians and Jordanians who have disappeared without any further news after recent events in Jordan. In the Republic of Vietnam, the Agency continues to receive from the authorities information on the prisoners held by them. This information is at once recorded on tape and has permitted lists and cards concerning several thousand prisoners to be drawn up.

How to set up a tracing service

These tracing operations, which require much patience, exactness and attention to detail, are not undertaken within the Tracing

Agency alone in Geneva. It is in continual touch with National Red Cross, Red Crescent and Red Lion and Sun Societies, which work in close co-operation with the Agency as soon as they receive a file which concerns them.

The increasing number and variety of conflicts and of natural disasters (earthquakes, tidal waves, etc.) mean still more active work on the part of National Societies. These may be called upon to play a significant part in re-establishing and maintaining links between prisoners and their families, and in providing information on the plight of victims.

It is therefore advisable that, in peacetime, every National Society should have studied the basic organization of a tracing service which could be swiftly put into action when necessary.

With this purpose in view, the ICRC has just published a booklet prepared by the Central Tracing Agency, entitled: *How to set up a tracing service*.¹ It has been printed with an attractive red cover, and gives suggestions for simple and efficient working methods that can be adapted to different circumstances and that do not require costly equipment.

Of course, some National Societies have had considerable experience in the field of registration and tracing, and this booklet will not provide for them anything new, except possibly some suggestions tending to standardize, at the international level, ways of transmitting information. On the other hand, it is intended for those Societies which have not yet planned or organized this particular branch of their activities.

Readers going through its pages will get acquainted with the setting up of a tracing service. They will find out how to fill in descriptive identification cards concerning displaced persons, refugees, military prisoners or civilian detainees, how to keep each card up to date according to information coming in, and how to set up the card index which constitutes the foundation of the tracing service.

Numerous problems are mentioned concerning classification of cards. For example, it is stated that alphabetical as well as phonetic

¹ Available in French, English and Spanish from the ICRC, 7 Av. de la Paix, Geneva. Price 3 Sw. francs.

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classification must be considered, that it is sometimes necessary to make subdivisions in names going back to the grandfather or even to the tribe of the missing person.

Transcriptions of names belonging to different linguistic groups, lack of identity cards or birth certificates, these are some of the problems that daily crop up in a tracing service and to which the CTA booklet provides an answer.

Another section deals with its administrative organization within a National Society. Models of enquiry forms and of family message forms are added at the end of the booklet, which summarizes as follows the work of a tracing service:

- I. To obtain from the competent authorities (civilian or military) or from the Central Tracing Agency in Geneva, or, when possible, from the people concerned themselves all relevant information on the identity, state of health, place of residence or detention, death, etc., of persons who have been displaced, captured, reported missing, etc.*
- II. to classify the information thus obtained*
- III. to establish a card-index which will contain not only the information collected, but also requests received*
- IV. to follow up all requests for tracing information (from families, other National Societies, the Central Tracing Agency, or other bodies), by means of this card-index*
- V. to initiate all necessary enquiries if the card-index contains no information on the person who is being traced, or if the information is not complete or is out of date*
- VI. to ensure the forwarding of messages from relatives so that links may be re-established between people who find it impossible to correspond through normal channels.*

Interview and narratives

In the booklet just mentioned, the Central Tracing Agency suggests some simple working methods easy to carry out, but the work it accomplishes is often very complicated. A few examples

suffice to show this and to demonstrate the complexity of the tracing work undertaken under Red Cross sponsorship and the humanitarian value of the results. In addition, they reveal that enquiries demanding both patience and imagination are sometimes carried on for months or even years before achieving any result.

We give below extracts from an interview published in the Belgian Red Cross review¹ in which a former Belgian prisoner of war testifies to the effectiveness of the moral help given by the Red Cross to prisoners during the Second World War by transmitting news of their families and by seeking missing persons.

Do prisoners of war owe much to the Red Cross?

I would say yes, without hesitation, and I feel sure that I speak for my many fellow-captives. I owe my life to the Red Cross. Without it, worry, hunger and boredom would have ruined our health and we could not have stuck it out for five years.

But when you were installed finally in a camp, did you still benefit from Red Cross action?

In the camp, the Belgian and International Red Cross took over. I take back what I said before; it was after we were finally installed in camps that our morale was really saved. The beginning of any captivity is terrible. Then you get used to it. In the early days the confusion is made worse by apprehension for one's family, not even knowing where they are, whether they have fled, whether they are in Belgium or France or England, or even whether they are still alive; not even knowing whether the old homestead is still standing. And then, when the first Red Cross cards arrive they bring joy to the camp. In spite of their compulsory brevity, they reassure the prisoners cut off from the world, allaying their fears and giving them hope. I think that the existence of the Red Cross would be justified just by these cards and telegrams, so small yet abundant in comfort. Blessed be the postcard which crosses all barriers, fronts, censors and prohibitions, and survives the ups and downs of war, thanks to the moral authority of the Red Cross.

Did the Red Cross continue delivering mail?

Later on the mail—one card a month—was handled by the Germans, as they were occupying our country. The Red Cross kept sending news to comrades whose families were living in countries which were not occupied. Then for all of us the Red Cross cards

¹ See *Interview*, Brussels, 1970, No. 7-8.

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came again on their mission of mercy, as they did at the start; that was after the invasion and the German withdrawal from Belgium. At that time the usual mail service was again interrupted and we were as worried as we were in 1940. The devastation was even worse in 1944. Again the Red Cross cards gave us reassurance about our families. Who can say how this card posted in Brussels reached Pomerania in spite of the Allies' incessant air attacks on convoys and towns. But it did get through!

* * *

Below we narrate some daily experiences of the Central Tracing Agency, chosen from among the most significative of the last ten years.

In the summer of 1970, the Central Tracing Agency received an enquiry request from a woman of Polish origin concerning her brother, missing since 1942. Both had been deported from Poland that year and then had got separated from each other.

The woman subsequently married a Frenchman and, having gone with her husband to France, now lives in the "département" of the Ardèche.

The Agency at once sent out an enquiry to the International Tracing Service's offices of the ICRC at Arolsen (ITS). All archives concerning concentration camps are centralized at the ITS. Not long after, it received a reply from the ITS from which it learnt that the missing person was also living in France, in the "département" of the Meuse.

After having conducted further investigations in order to obtain the brother's exact address in that "département", the Agency was able to supply the information to his sister. She found again in this way her long-lost brother, of whom she had lost all trace for twenty-five years, and who was dwelling, unknown to her, in the same country, only some 300 kilometres away!

*

In February 1967, Claudio V. and his brother Antonio, both resident in the USSR, asked the Central Tracing Agency to seek their sisters Trinidad and Gloria who had been evacuated to France during the Spanish Civil War. At that time they had lived in Bilbao where

their father was a house painter. This was the only information they were able to supply.

From this, after years of searches, the Spanish Red Cross found that the two sisters were again living in Bilbao. One was married and had two children. In addition, the enquiries revealed that another brother was alive and that the father, a widower, had remarried and had two children by his second marriage.

The ICRC immediately conveyed this information to the Alliance of Red Cross and Red Crescent Societies of the USSR and, thirty years after having been dispersed, the family was able once again to renew the links which events had severed.

*

This is the story of Miss Z., a Vietnamese girl, who gave birth to a boy, the son of a French serviceman. When she left her country to work in New Caledonia, she was not able to take her child with her and left him in the care of his grandparents at Haiphong, in the Democratic Republic of Vietnam.

The years passed and she never despaired that her son should join her in her new home. Thus it was that a request was sent to the Central Tracing Agency to lend its aid. The steps taken were long and devious, several National Red Cross Societies were approached by the Agency which, from its Geneva office, organized the voyage, and at last they managed to re-unite the family after many obstacles had to be overcome and after a long period of time had elapsed. The boy was first entrusted to the Red Cross of the Democratic Republic of Vietnam; he was accompanied to Phnom-Penh, where he was taken charge of by the Cambodian Red Cross, duly warned of his arrival by the Central Tracing Agency. From Phnom-Penh he continued his journey on to Bangkok, and then, by plane, to the place where his mother was waiting to greet him.

All the necessary entry papers, including the authorization from the appropriate authorities for his entry and stay in New Caledonia, had had to be obtained beforehand.

It was in 1962 that the Central Tracing Agency had received the mother's request, and it was only in 1964 that it was possible to close the file with the entry: " Pierre safely arrived at destination ".

ICRC ACTIVITY IN THE NEAR EAST IN 1970

Some figures

In 1970, the ICRC, through its delegates in Israel and the occupied territories as well as those in Arab countries, continued its activities consistent with the Geneva Conventions. Their tasks consisted essentially in visiting civilian and military prisoners, in delivering family messages, in organizing the re-uniting of members of families that had been separated and in tracing missing persons.

Visits to civilian and military prisoners

In 1970, some 3,500 civilian Arab detainees from the occupied territories and Arab States were visited fortnightly by ICRC delegates in various prisons in Israel. During these visits, parcels were distributed by the ICRC to detainees who had not received any assistance from their kin, and visits by relatives were made easier for them by the organization of transport facilities to various places of detention.

The ICRC also deals with the situation of prisoners of war, who are visited regularly, in Israel and the occupied territories as well as in Arab countries.

Thus, delegates visited on numerous occasions the 72 U.A.R. prisoners, captured between 1969 and December 1970. These prisoners received from their families, through the ICRC, some 800 parcels and over 1,300 messages, while they themselves sent about 1,600 messages.

As for the 39 Syrian prisoners taken in May, June and September 1970, they were also seen at least once a month by the delegates, who handed over to them over 200 parcels and 650 messages sent by their families. In addition, some 700 letters written by prisoners were passed on to their relatives.

Twelve visits were made to the 10 Lebanese prisoners of war, all of whom were captured in January 1970. Nearly 60 parcels

and about 350 letters were handed over to them, while they sent nearly 500 messages to their families.

Finally, one Jordanian prisoner, taken in July last, was visited from time to time by delegates.

All prisoners received ICRC relief in the form of books, records, cigarettes, food and games.

In the Arab countries, the total number of detainees consists of 15 Israeli prisoners of war and one Israeli civilian.

Twelve Israeli prisoners of war captured between December 1969 and July 1970 are held in the United Arab Republic. Two are at present in a Cairo hospital. These prisoners were visited on an average once a month; they sent 200 messages to their families and received about 200 parcels and 500 letters.

In Syria, three prisoners of war, taken in the spring of 1970, and the civilian detainee, taken prisoner in the night of 31 December 1969 to 1 January 1970, were visited several times by ICRC delegates. They wrote 56 messages and received 90 parcels and over 300 letters from their families.

Family messages

Since the June 1967 war, nearly two million family messages have been sent through the ICRC across the lines in both directions.

In 1970, nearly 76,000 letters were sent from Arab countries to the occupied territories (40,000 from the U.A.R., 9,000 from Syria, 15,000 from Jordan and 10,000 from other Arab countries); 115,000 messages were carried in the opposite direction, thus bringing the total for 1970 to nearly 200,000 letters.

Re-uniting of families

The ICRC is carrying out operations for bringing together members of families in territories occupied by Israel and in Arab countries. In 1970, about a thousand persons were enabled to be re-united with their kin.

521 persons went from the United Arab Republic, Syria and Jordan to join their families in the occupied territories, and 546 crossed over to the United Arab Republic from Gaza and Sinai.

Tracing missing persons

One of the important tasks of the ICRC in the Middle East is the tracing of missing civilians and soldiers.

Last year, the ICRC delegations in Israel and the occupied territories, Syria and the United Arab Republic received over 5,600 requests for news; this figure does not include those enquiries, running into tens of thousands, arising out of the civil war in Jordan.

“ The Red Cross and My Country ” in Asia

On several occasions, *International Review* has mentioned the efforts of the International Committee of the Red Cross to disseminate knowledge of the principles of the Geneva Conventions in schools, through the publication of a textbook “ The Red Cross and My Country ” with its complement the “ Teacher’s Manual ” ¹. It is highly desirable that these booklets, edited and illustrated by the ICRC, should be made known and disseminated as widely as possible.

Mr. J.-M. Laverrière, who had already made a first tour of Asian countries for this purpose, went for a second time on a trip that lasted from 9 August to 30 November 1970, in the course of which he visited the ministries concerned and the National Societies of Burma, Ceylon, the Republic of Korea, India, Malaysia, Nepal, Pakistan, the Philippines, Singapore and Thailand.

In each country, the responsible government officials expressed to the ICRC delegate their interest in this scheme and their acceptance to introduce the textbook in their primary schools, while the National Societies, on their part, fully conscious of the importance of this action, promised their co-operation. In several places,

¹ See *International Review*, March and December 1969, July 1970.

moreover, the spreading of knowledge of the Conventions has already begun, either through the National Societies or the school authorities. Ministers of Education in several Asian countries will thus each be receiving within the next few months many thousands of copies of the textbook.

It should be emphasized that this splendid result was made possible only through the close co-operation between the Ministers of Education and National Societies, as, in several cases, the illustrations had to be adapted to the traditions and customs of each particular country and the text had to be translated into its appropriate language. Editions of the textbook and "Teacher's Manual" in eleven different languages ¹ are now in preparation. They include versions in Chinese, requested by Malaysia, and in Tamil and Sinhalese for Ceylon.

The printing of 600,000 copies of "The Red Cross and My Country" and of 70,000 copies of the "Teacher's Manual" is in progress at Singapore, and it is thanks to the generous support of the Singapore Government and Red Cross that it has been found possible to carry out to a large extent the publication of these booklets. In spite of the very large number of copies turned out, the ICRC will not be able, however, to satisfy the requests, some of which are considerable, of several Asian countries, at least not in the immediate future.

The success of the ICRC action shows once again how highly governments favour the dissemination of the Red Cross idea and how desirous they are to make known among youth the Geneva Conventions ¹.

¹ *Plate.*

IN THE RED CROSS WORLD

WORLD RED CROSS DAY

1970 celebrations of World Red Cross Day

For World Red Cross Day on 8 May 1970, the ICRC, in full agreement with the League, had undertaken to prepare the documentary material to be offered to National Societies, which would enable the latter to inform the general public in their own countries about the essential principles of the Geneva Conventions and about Red Cross activities in time of war. Attention was drawn, by the choice of the theme "Protect Man; Thwart War", to one of the main subjects discussed at the XXIst International Conference of the Red Cross, that of the development, application and diffusion of humanitarian law.

With the aim of evaluating the results of the celebrations organized in 1970 for World Red Cross Day, the ICRC sent to all National Societies a questionnaire so as to gather supplementary details about what they had done (ceremonies of various kinds, the part played by the press, radio, television, and so on). Replies were received from 75 Societies, including some still in process of being constituted.

These replies from National Red Cross Societies show that they all organized events:

- 57 at the Society headquarters, and
- 46 at various local branches as well;
- 62 National Societies chose 8 May for their events;
- 13 of them had to postpone their celebrations.

Not all National Societies adopted the theme proposed. Some adapted it and others chose a quite different slogan. On the whole,

as in previous years, the commemorative ceremonies were enhanced by the presence of the Head of the State and other important persons; many speeches were made and innumerable festivities were organized, such as gala film shows, dinners, balls, concerts, theatre plays, variety shows, folklore dancing, country fairs, lotteries. In many countries there were processions of Red Cross members in uniform and in some there were first-aid demonstrations.

Many National Societies chose 8 May for the presentation of diplomas and medals to their personnel or voluntary workers. A number of National Societies visited hospitals, prisons, children's homes or institutions for the aged, distributing gifts, flowers, magazines, clothing and delicacies. Fifty-one National Societies chose World Red Cross Day to launch their appeals for funds, sales of badges and key-rings and to recruit members and blood donors.

All the National Societies which replied to the questionnaire mentioned the use of mass media such as the press, radio and television for reports on their celebrations. The articles specially prepared by the International Committee and the League have been reproduced in full or in summary form.

Thirty-one National Societies had broadcast on the radio the World Red Cross Day messages from the Presidents of International Red Cross institutions.¹

Many also broadcast messages from their own national leaders. The 8 May programme in five languages was broadcast in 23 countries.

On television:

- 12 National Societies broadcast President Naville's message, prepared in five languages;
- 23 National Societies had special programmes either on their activities or their celebration of World Day;
- 7 National Societies had the Middle East film shown on the occasion of World Day.

It can be seen that National Societies made last year a big effort to draw public attention to the importance of this event.

¹ See *International Review*, June 1970.

Plans for World Red Cross Day 1971

The theme chosen for the forthcoming World Red Cross Day is:

Red Cross working round the clock

The League has prepared, for this occasion, some documentary material, most attractively presented and extensively illustrated. It has been sent to all National Societies, and some extracts from the introductory section are given below. They admirably show the meaning which this World Day should have, by symbolizing as widely as possible throughout the world the presence of the Red Cross, the Red Crescent and the Red Lion and Sun, in all places and circumstances:

Twenty-four hours in the life of the world and the human race... do we ever really stop to think what this means and represents...

Every minute, every second, somewhere in the world, in large towns and in isolated country districts, people are in danger, huge numbers may be in need of assistance.

There are countless causes of human misfortune: wars erupting on the frontiers of, or inside, seemingly peaceful countries; natural disasters whose speed and destructive force take us by surprise; the unforeseeable accident at home, on the road, at work or on holiday; the handicaps of illness, old age and so many other ills and woes.

No one, whatever part of the world he lives in, can feel safe from these permanent threats to a life's stability and men's happiness. But at the same time, around the clock and across the world, countless groups of men, women and young people are ready to intervene, help and bring relief in accordance with the Red Cross Principles which inspire and motivate them to serve in the name of an ideal, in a humanitarian spirit, without any distinction as to race, religious belief or ideology.

Round the clock and across the world, Red Cross is always present—a chain of effective solidarity which is sometimes invisible but always a force to be reckoned with.

Round the clock the Red Cross, Red Crescent and Red Lion and Sun are on the alert preventing misfortune, taking action, easing suffering and bringing relief.

Whatever their allegiance men, women and young people of the Red Cross are ceaselessly helping to save life or give comfort—more often than not to total strangers. In peace or war, anywhere, everywhere and at any time.

We wish all success to this twenty-fourth World Red Cross Day, which shall be the occasion for National Societies to spread humanitarian ideas, recruit new members, raise funds and illustrate the work of the members of first aid societies, of nursing and medico-social personnel and of the volunteers and the young belonging to the 114 National Societies operating today all over the World.

Belgium

Having received an article from the pen of Mr. G. Jambers who gives some interesting details on the National Blood Institute founded by the Belgian Red Cross, we quote extracts thereof below :

The Brugmann Square district in Brussels owes its tranquillity to the proximity of tree-lined avenues and the *Bois de la Cambre*. The Belgian Red Cross has some buildings there in which there is the Medico-Surgical Institute and the National Blood Institute. The latter was founded in 1950 and moved into this building in 1968. The building, with brown brick and window frontage, is functional in design but not without an aesthetic dignity.

By way of introduction we would define the National Blood Institute as the most important department of the Belgian Red Cross National Blood Service. In it are represented the national services which provide for the whole country the various stable blood derivatives, in solution, frozen or dried (Production Services) and also supervision of equipment required by the Blood Transfusion Services for the collection of blood and blood derivatives prepared by the Production Services (Control Laboratory). The National Blood Institute includes also the National Blood Service, a library and the Brussels Blood Transfusion Centre with its various sections for the drawing of blood, laboratory analysis and distribution for the Brussels area.

When all citrated blood was preserved solely for the purpose of transfusions, it was the prerogative of the Blood Transfusion Centres.

The use of various blood constituents in modern pharmacology resulted in the setting up of blood institutes, and centres for

IN THE RED CROSS WORLD

research on blood derivatives and for their preparation and utilisation in medicine.

The National Blood Service of the Belgian Red Cross has 45 transfusion centres throughout the country and 10 mobile units.

Each of them collects blood, carries out the primary analysis, such as typing, examines donors and preserves all blood, about two-thirds of which go to local hospitals.¹

A third of the blood collected throughout the country is sent to the National Blood Institute.

There it is divided into three categories:

1. Whole blood (not more than 21 days old) for hospitals in the Brussels area.
2. Blood which is not more than 4 days old and used for preparing blood plasma.
3. Blood for the preparation of antihemophilic factors.
4. Blood and plasma with a high content of specific gamma-globuline, and blood collected more than twenty-one days previously and intended for the preparation of various plasma derivatives.

From these last three categories the National Blood Institute prepares blood constituents, fresh or desiccated plasma and plasma derivatives.

There are two other important divisions in the Institute.

The *Production Services* include a laboratory for fractionation and lyophilisation (low temperature desiccation in vacuum) and a laboratory for the preparation of test serums for blood typing. The fractionation laboratory is responsible for separating out the various blood constituents and the preparation of an ever-increasing number of blood components used in medicine. These preparations require a series of complex and delicate operations; they are carried out in constant temperature and require strict sterility.

The *Control Laboratory* includes sections for bacteriology, serology, chemistry and hematology and also for laboratory animals. Their function is to check the effectiveness and harm-

¹ *Plate.*

BOLIVIA



Guerrilleros, accompanied by the President of the Bolivian Red Cross, crossing a river on their way to La Paz.

BELGIUM

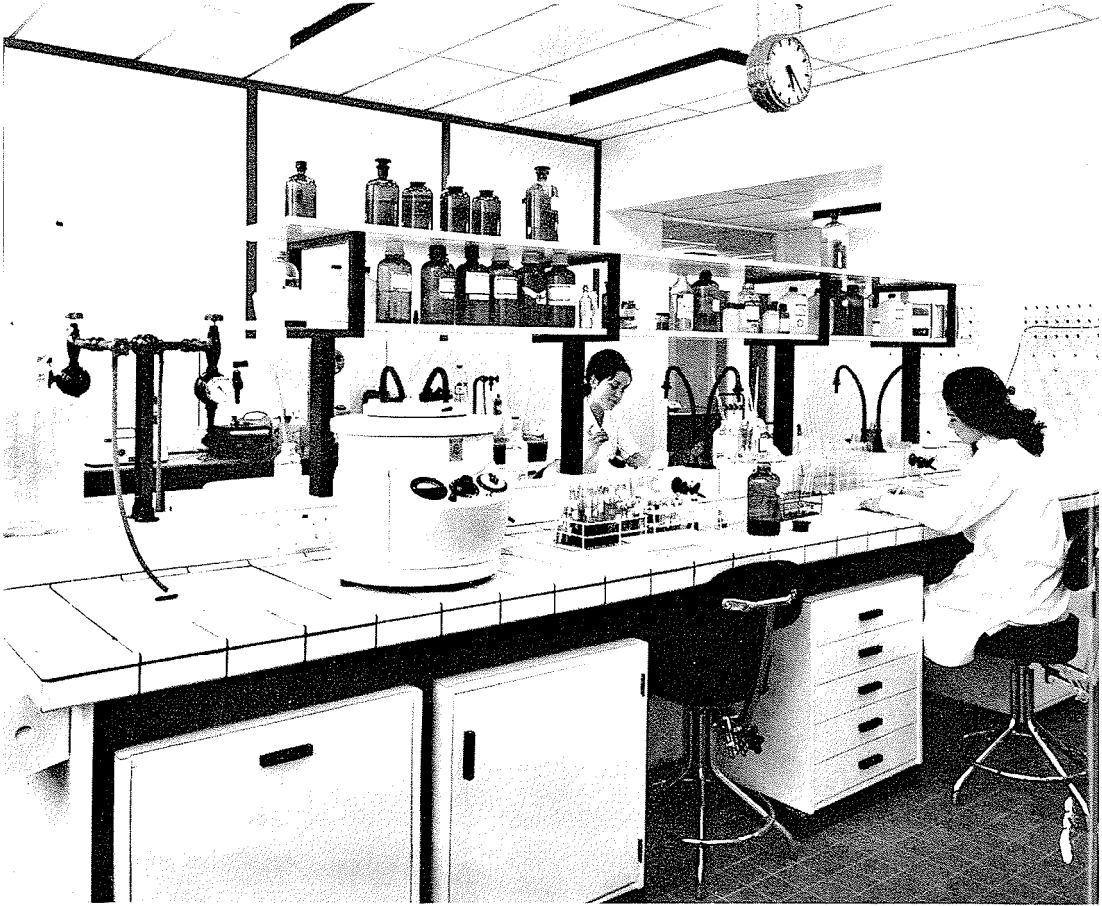


Photo Institut belge d'information et de documentation, Bruxelles.

Brussels: Blood group test laboratory at the *Institut national du sang* attached to the Belgian Red Cross.

lessness of the products prepared. They also supervise the blood transfusion equipment and various analyses.

Although whole blood may be kept for only two or three weeks at a temperature of 4 degrees, plasma derivatives may be preserved for almost 5 years.

The National Blood Institute also has refrigeration chambers, reserves, and a twenty-four hour distribution service. It is also the Blood Transfusion Centre for Brussels and the headquarters of the National Blood Service.

Bolivia

The ICRC has received from the Bolivian Red Cross Society its report on its recent activities. It gives a heartening picture of the growth of this National Society under the presidency of a man full of enterprise and enthusiasm, Dr. Celso Rossell Santa Cruz. One may find, as one turns through the pages of the report, that the Society is widening the scope of its action at La Paz where 800 first aiders have received first aid instruction at a training school. These are all voluntary workers, who offer their assistance mainly to the inhabitants of the crowded areas in the suburbs of the capital. In the other parts of the country, local branches of voluntary first aiders have been formed, or will be created soon, in all the provincial capitals. Moreover, every year, a seminar is held at national level, with the aim of encouraging the guidance of senior members of the Society.

In 1970, in addition to these activities, the National Society carried out a humanitarian action to which we would like to draw the attention of our readers. A full report was handed over to the ICRC by Dr. Celso Rossell Santa Cruz on the operation completed by the Bolivian Red Cross in favour of a group of guerrilleros.

The last surviving members of a guerrilla uprising, begun in July 1970, had taken refuge in the mountainous region of Teoponte north of La Paz. Following grim reports of the precarious state of their health, a commission for pacification and liberation was

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set up at La Paz in October 1970. It was headed by the President of the Bolivian Red Cross and included the chief doctor of the Society, Dr. Cimar Guerrero, a delegate of the staff of the radio and television services, a delegate of the Church and a representative of the University of San Andrés.

After having obtained a safe-conduct from the Commander of the Armed Forces, the members of the commission, on 29 October 1970, flew on board a military aircraft to Tipuani, a small mining village, near which two guerrilla leaders had given themselves up a few days before to government troops. They had related that the last six survivors of their band were in the last stages of exhaustion, and the commission had then pushed on to Cotapampa, a village close to the place where the men were to be found.

Emissaries from Cotapampa got in touch with the guerrilleros and then Dr. Cimar Guerrero, of the Bolivian Red Cross, went to their camp, near Chima, and brought to them all the medical care they were in need of.

Through the pacification commission, the guerrilleros requested the Bolivian Government not to intern them in the military hospital of La Paz, but to allow them to go to the Chilean Consulate in the capital in order to obtain a safe-conduct as far as the Chilean port of Arica. This proposal was accepted by the Government, except that the Papal Nunciature at La Paz was designated as the place of refuge.

The guerrilleros were first taken by jeep from Chima to Tipuani ¹ where temporary quarters had been prepared for them in the parish house. There, they were cared for until they regained their strength sufficiently to stand the air journey across the Andes. Then, accompanied by the members of the pacification commission, they returned to La Paz in a military aircraft.

After Chile had granted them asylum for a year, they went to Arica, where they were welcomed by the President of the local branch of the Chilean Red Cross, Mrs. Pura de Beretta. During their brief stay in Arica, they received aid from this branch, then after waiting for five days, were authorized to go to Santiago.

¹ *Plate*

M I S C E L L A N E O U S

XVth INTERNATIONAL CONFERENCE ON SOCIAL WELFARE

It is well known that social welfare forms a not insignificant part of the activities of numerous National Societies. It is therefore useful to follow up the work of those conferences, the first of which had taken place in 1928 under the title of International Conference of Social Service, drawing together social workers from all over the world.

The XVth International Conference on Social Welfare was held in Manila in September 1970, and was attended by 1,800 delegates, including experts in social administration, education, public hygiene and community services from 73 countries. The League of Red Cross Societies was represented by its Secretary General, Mr. H. Beer, and by Miss Hickey, Deputy to the Chairman of the American National Red Cross and Vice-Chairman of the League's Health and Social Service Advisory Committee.

At the Conference, delegates from various countries and members of Red Cross and Red Crescent Societies had the opportunity of meeting and of getting acquainted with many aspects of the work carried out by Philippine Red Cross volunteers, besides taking part in a panel discussion on the following topics:

- a. "Red Cross Volunteers in an Emergency Setting";
- b. "The Role of the Red Cross in Youth Activism";
- c. "Innovations in International Volunteer Service".

The general theme of the XVth International Conference on Social Welfare was chosen in the context of some of the many weighty problems facing us today: *New Strategies for Social Development—Role of Social Welfare*. In addition to the topical aspects of this theme, it should be emphasized that many of the subjects studied at the General Meetings as well as at the meetings of the

MISCELLANEOUS

five commissions were of particular interest to Red Cross social welfare workers. The following were among the subjects discussed:

- a. Processes used and innovations in community development in developing and developed countries;
- b. Innovations in international voluntary services;
- c. Youth in national and international development.

The very techniques of social involvement change with growing rapidity. For that reason one of the important questions to be examined in Manila was to find out what kind of influence the innovations and recent trends appearing in the field of social welfare might bear on the work of the Red Cross. In an address, a shortened version of which has appeared in *Panorama*¹, Mr. Beer gave a reply to this question when he spoke very fully on the subject of "Innovations in international voluntary services". We believe it is of interest to quote here Mr. Beer's concluding words, for, drawing a lesson from the XVth International Conference on Social Welfare, he demonstrated clearly that social development cannot be separated from economic and political development and that the work performed by the voluntary services cannot be isolated from, but should be considered as a part of, all the various aspects of social welfare:

... And now to some specific points on innovations in Red Cross—and similar agencies. Although National Societies have basic aims and principles in common, policies, plans, techniques and innovations vary enormously. What is a pioneer effort of great importance in one country can be an old routine activity about to be abandoned in another.

One recent trend, which many societies will certainly adopt, is the community approach to recruitment and training. We shall have to recruit more volunteers within the communities where we find new priorities. We shall also have to fit the overflow of volunteers from the traditional recruiting grounds to new tasks. They must now be given a basic, "polyvalent" training. Specialisation must come second.

Our whole outlook must change. In the field of health we must switch over to a preventive approach, seeing the community as a whole, and our task as a positive, creative activity, forging opportunities for a better life.

¹ Published by the League of Red Cross Societies, Geneva, 1970, No. 7.

To make this possible, Societies, even the most conservative, must follow the new trend towards broader participation in the social welfare field, which implies a significant departure from the notion that . . . the pioneer role of our organisation will become more significant than before. It will mean a painful reappraisal, in some cases, and the abandoning of certain traditional activities, as responsibilities for the basic necessities of life are taken over by the authorities. But this will liberate forces for pioneering services to meet new needs created by the rapid changes we ourselves have produced. The new ghettos, the frozen suburbs, the under-privileged, isolated country regions without young people—all need pioneer services from organisations like the Red Cross.

The implications of longer life have forced us into innovations of work with the aged, the handicapped of all categories, with mental patients and ex-prisoners, as well as with drug addicts. More and more voluntary organisations will find new tasks here for personnel with training for rehabilitation tasks within their capabilities. Opportunities will become more varied and bolder. Already properly trained volunteers are doing jobs in and outside institutions nobody would have given them before—partly for reasons of sheer necessity (lack of personnel) but also because a new look has been taken at their capabilities.

One specific and pressing innovation concerns youth—youth as participants, as real colleagues in planning and execution. We have witnessed this year manifestations of a profound crisis of confidence, a malaise in contacts between generations. . . But this is also to the good. The involvement of young people, their hatred of the hypocrisy of which we are often both the authors and the victims, can be of significant help for a renewal of our approaches during the coming decade. This is easy to say—we have a lot of good resolutions on the subject—but very difficult to do. If, however, we cannot motivate today's youth to take part in Red Cross work, we shall soon be "out of the market".

We are very much aware of how the population problem affects our work. It is important to think of this problem in terms of new approaches. The poor integration of modern technology with environmental requirements is shown by the unplanned expansion of urban areas and the deterioration of agricultural lands. The last innovation I want to mention is the need for voluntary agencies to become more deeply involved as "activists" and pressure groups in the work to improve human environment as a whole. Environment is now almost painfully popular, with everybody wanting to get on the bandwagon. It is easy, if you just stick to general principles. But if you take

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problem by problem, you find how very difficult it is to do anything in practice. Here lies one of our great tasks : to retool our machinery so that we can be pioneers in this field. . . which has, under a more old-fashioned label, always been ours.

To conclude, all our innovations are based on adaptation to changes and to the positive needs of the community. But, at the same time as the agency must understand the community, the community must try to understand the agency, its character and its possibilities. Co-operation must work both ways. When this is so the voluntary agencies can give both leadership and labour to help not only to meet, but also to prevent, the new problems which we shall always have and which we ourselves create in our maddeningly changing world.

At about the same time, the XVth International Congress of the International Association of Schools of Social Work was held in Manila. A discussion group examined a subject which is of interest to the Red Cross—"Employment of volunteers, and the role of schools of social work in training them"—and which retained the attention of the representatives of institutions which work towards furthering a full understanding between professional and voluntary workers.

WORLD HEALTH DAY

The theme of World Health Day this year, on 7 April, will be A Full Life despite Diabetes. Dr. M. G. Candau, Director-General of the World Health Organization, issued for the occasion a message of which we quote below the main passages :

At the beginning of this century diabetes mellitus was a formidable disease. Its diagnosis in a young child was a notice of premature death. Its discovery in a man or woman in the prime of life meant a complete change in the way of living, and a greatly reduced expectation of life.

And then, 50 years ago in the later months of 1921, the persistent interest of a young Canadian surgeon, Frederick Grant Banting, in research on diabetes, was finally rewarded. Together with his younger collaborator, Charles Herbert Best, they isolated insulin and in January 1922 used it successfully in the treatment of patients. One of the greatest and most dramatic discoveries of modern medicine, it completely transformed the outlook for the majority of sufferers from diabetes . . .

. . . Despite these discoveries, diabetes appears to be on the increase, and there are many undetected cases, particularly amongst men and women above the age of forty, who are overweight. This knowledge has led many public health authorities to try to detect such cases by organizing community screening surveys, using blood or urine tests . . .

. . . Diabetes is still a serious disease and neglect of the prescribed treatment can lead to dangerous complications—coma, blindness, kidney and nervous disease, skin infections and, above all, degenerative changes in the heart and blood vessels.

The more people know about the disease the better they will be able to fight it. Information and education at all levels can therefore help to promote both early detection and proper care. Physicians and other members of the health team—including nurses, dieticians, health educators, medical social workers and pharmacists have all a part to play in the educational process . . .

HENRY DUNANT IN NORTH AFRICA

Henry Dunant went in 1853 to Algeria and later on to Tunisia. In the course of his travels, as well as after his return to Geneva, he showed a keen interest in the language and customs of these two countries. He also delved into their culture, as is apparent in his *Notice sur la Régence de Tunis* and in the notes which he compiled in Heiden.

MISCELLANEOUS

Mr. Reda Chalaby, in a paper on "Henri Dunant in North Africa", has noted some significant passages from Dunant's writings, two extracts of which are given below. He recalls that the author of *A Memory of Solferino* wished to associate the local inhabitants in the undertakings which he wanted to set up in North Africa, and that he paid a tribute to the civilization whose values he appreciated.

"Dunant", writes Mr. Chalaby, "expounds the doctrinal bases of Islam, with respect and great accuracy... But he marvels, more than anything, at Arab hospitality. This is what he says: "Visitors are sacrosanct, and in that capacity, an Arab can feel safe even in the home of his fiercest enemy. It is often said of two enemies who have made peace that they have eaten bread and salt together. Everyone is familiar with the story of the Arab chief who had just lost his only beloved son and who, perceiving strangers approaching his dwelling, stifled his deep sorrow the whole day long in order to provide a worthy and fitting welcome to his visitors; moreover, he kept company with them continuously, and did not allow them to detect any signs of grief until the moment of their departure, which happened to be the time set for the burial of the dear child he had lost"...

... But Henry Dunant was not satisfied with writing a few articles on the Arabs. In order to get to know them better and to understand more fully their customs, he decided to learn Arabic. He found it a rich and beautiful tongue, but that it was very hard to learn. A number of Dunant MSS written in Arabic are kept in the Geneva Public and University Library".

Mr. Anouar Louca has sounded a similar note in the following extract¹:

"Our so-called European civilization", Dunant declared, "is derived from the East". In order to bring to fruition his most ardent wish, that of "establishing brotherhood throughout the world", he summarized thus a mental concept which he had assimilated within himself:

¹ See *Musées de Genève*, Geneva, Nos. 81 and 107.

" The gradual development of civilization is to be displayed by gathering the scientific and literary masterpieces of all ages and of all countries, and co-ordinating them according to their natural appresentation (. . .). By demonstrating what each nation has contributed towards our common edifice of civilization, a number of prejudices are destroyed, while the bonds of sympathy between countries are multiplied, and the reign of justice and peace for all men becomes more attainable and durable ". Here may be seen the germ of his brilliant plan for an international universal library, that would place each of the successive masterpieces of the human spirit within the reach of every person.

Is not the forefather of the Red Cross also the apostle of comparative literature? . . .

However it may be, the early approach made by Henry Dunant to Arab culture represents a significant and little-known stage in the progress of this figure towards the universality of the movement which was to immortalize his name ".

The second edition of *Notice sur la Régence de Tunis* is to be published in a few months time by the Henry Dunant Institute jointly with the Société tunisienne de diffusion. It will have illustrations concerning Dunant and the places he visited in Tunis.

The first edition, printed in Geneva in 1858, bore the inscription *Cet ouvrage ne se vend pas.*

EXTRACT FROM THE STATUTES OF
THE INTERNATIONAL COMMITTEE OF THE RED CROSS

(AGREED AND AMENDED ON SEPTEMBER 25, 1952)

ART. 1. — The International Committee of the Red Cross (ICRC) founded in Geneva in 1863 and formally recognized in the Geneva Conventions and by International Conferences of the Red Cross, shall be an independent organization having its own Statutes.

It shall be a constituent part of the International Red Cross.¹

ART. 2. — As an association governed by Articles 60 and following of the Swiss Civil Code, the ICRC shall have legal personality.

ART. 3. — The headquarters of the ICRC shall be in Geneva.

Its emblem shall be a red cross on a white ground. Its motto shall be " *Inter arma caritas* ".

ART. 4. — The special role of the ICRC shall be:

- (a) to maintain the fundamental and permanent principles of the Red Cross, namely: impartiality, action independent of any racial, political, religious or economic considerations, the universality of the Red Cross and the equality of the National Red Cross Societies;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition;

¹ The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term " National Red Cross Societies " includes the Red Crescent Societies and the Red Lion and Sun Society.

- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions;
- (d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve, in humanitarian matters, as an intermediary between the parties;
- (e) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities;
- (f) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension;
- (g) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

The ICRC may also take any humanitarian initiative which comes within its role as a specifically neutral and independent institution and consider any questions requiring examination by such an institution.

ART. 6 (first paragraph). — The ICRC shall co-opt its members from among Swiss citizens. The number of members may not exceed twenty-five.

THE PRINCIPLES OF INTERNATIONAL HUMANITARIAN LAW¹

by

Jean Pictet

Member of the International
Committee of the Red Cross
Lecturer at Geneva University

In this sixty-page book the writer defines fully and with concision humanitarian law in its widest sense, the laws of war of The Hague and Geneva, and the principles which form the basis for this humanitarian law.

This clear summary is understandable to everybody interested in humanitarian ideas and actions in the world today. In addition, the appendix is a chart of the principles of humanitarian law.

It will be recalled that an earlier work by this author, *The Principles of the Red Cross*, gives the general reader a clear exposition of its subject. Copies of this book, which has already had considerable success, are available in French, English, German and Spanish, from the ICRC Geneva, which published the book.

¹ *The Principles of International Humanitarian Law can be obtained from the ICRC, 7 avenue de la Paix, 1211 Geneva (postal cheque account No. 12-5527). Cost Sw.fr. 8.—.*

THE GENEVA CONVENTIONS OF AUGUST 12, 1949¹

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The Geneva Conventions of August 12, 1949. 2nd Ed. 1950.
245 pp.

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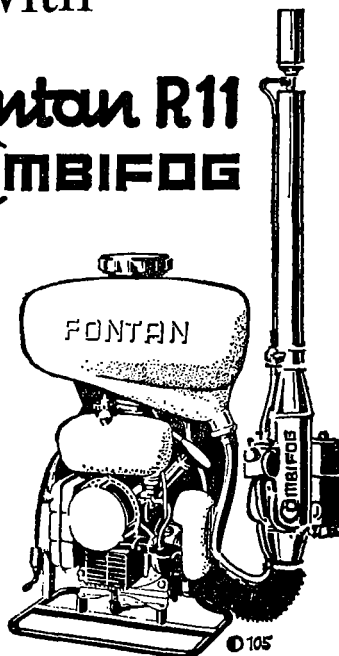
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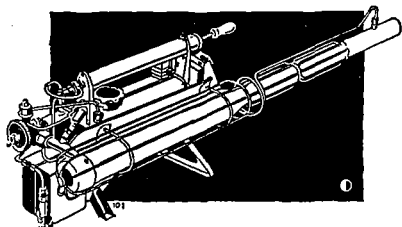
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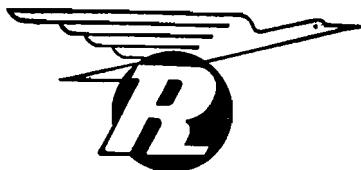


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ADDRESSES OF CENTRAL COMMITTEES

- AFGHANISTAN — Afghan Red Crescent, *Kabul*.
- ALBANIA — Albanian Red Cross, 35, *Rruga e Barrikadave, Tirana*.
- ALGERIA — Central Committee of the Algerian Red Crescent Society, 15 bis, *Boulevard Mohamed V, Algiers*.
- ARGENTINE — Argentine Red Cross, H. Yrigoyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 *Flinders Street, Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3 *Gusshausstrasse, Postfach 39, Vienna IV*.
- BELGIUM — Belgian Red Cross, 98, *Chaussée de Vleurgat, Brussels 5*.
- BOLIVIA — Bolivian Red Cross, *Avenida Simon Bolivar, 1515 (Casilla 741), La Paz*.
- BOTSWANA — Botswana Red Cross Society, P.O. Box 485, *Gaborone*.
- BRAZIL — Brazilian Red Cross, *Praça da Cruz Vermelha 12 zc/86, Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, *Boul. S.S. Bizuzov, Sofia*.
- BURMA — Burma Red Cross, 42, *Strand Road, Red Cross Building, Rangoon*.
- BURUNDI — Red Cross Society of Burundi, *rue du Marché 3, P.O. Box 324, Bujumbura*.
- CAMEROON — Central Committee of the Cameroon Red Cross Society, *rue Henry-Dunant, P.O.B. 631, Yaoundé*.
- CANADA — Canadian Red Cross, 95 *Wellesley Street, East, Toronto 284 (Ontario)*.
- CEYLON — Ceylon Red Cross, 106 *Dharmapala Mawatha, Colombo VII*.
- CHILE — Chilean Red Cross, *Avenida Santa Maria 0150, Correo 21, Casilla 246 V., Santiago de Chile*.
- CHINA — Red Cross Society of China, 22 *Kanmien Hutung, Peking, E*.
- COLOMBIA — Colombian Red Cross, *Carrera 7a, 34-65 Apartado nacional 1110, Bogota D.E.*
- CONGO — Red Cross of the Congo, 41, *Avenue Valcke P.O. Box 1712, Kinshasa*.
- COSTA RICA — Costa Rican Red Cross, *Calle 5a, Apartado 1025, San José*.
- CUBA — Cuban Red Cross, *Calle 23 201 esq. N. Vedado, Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, *Thunovska 18, Prague I*.
- DAHOMEY — Red Cross Society of Dahomey, P.O. Box 1, *Porto Novo*.
- DENMARK — Danish Red Cross, *Ny Vestergade 17, Copenhagen K*.
- DOMINICAN REPUBLIC — Dominican Red Cross, *Calle Juan Enrique Dunant, Ensanche Miraflores, Santo Domingo*.
- ECUADOR — Ecuadorean Red Cross, *Calle de la Cruz Roja y Avenida Colombia 118, Quito*.
- ETHIOPIA — Ethiopian Red Cross, *Red Cross Road No. 1, P.O. Box 195, Addis Ababa*.
- FINLAND — Finnish Red Cross, *Tehtaankatu 1 A, Box 14168, Helsinki 14*.
- FRANCE — French Red Cross, 17, *rue Quentin Bauchart, Paris (8^e)*.
- GERMANY (Dem. Republic) — German Red Cross in the German Democratic Republic, *Kaitzerstrasse 2, Dresden A. 1*.
- GERMANY (Federal Republic) — German Red Cross in the Federal Republic of Germany, *Friedrich-Ebert-Allee 71, 5300 Bonn 1, Postfach (D.B.R.)*.
- GHANA — Ghana Red Cross, P.O. Box 835, *Accra*.
- GREAT BRITAIN — British Red Cross, 9 *Grosvenor Crescent, London, S.W.1*.
- GREECE — Hellenic Red Cross, *rue Lycavittou 1, Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3.^a *Calle 8-40 zona 1, Guatemala C.A.*
- GUYANA — Guyana Red Cross, P.O. Box 351, *Eve Leary, Georgetown*.
- HAITI — Haiti Red Cross, *Place des Nations Unies, B.P. 1337, Port-au-Prince*.
- HONDURAS — Honduran Red Cross, *Calle Henry Dunant 516, Tegucigalpa*.
- HUNGARY — Hungarian Red Cross, *Arany Janos utca 31, Budapest V*.
- ICELAND — Icelandic Red Cross, *Öldugötu 4, Post Box 872, Reykjavik*.
- INDIA — Indian Red Cross, 1 *Red Cross Road New Delhi 1*.
- INDONESIA — Indonesian Red Cross, *Djalan Abdulmuis 66, P.O. Box 2009, Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, *Avenue Ark, Teheran*.
- IRAQ — Iraqi Red Crescent, *Al-Mansour, Baghdad*.
- IRELAND — Irish Red Cross, 16 *Merrion Square, Dublin 2*.
- ITALY — Italian Red Cross, 12, *via Toscana, Rome*.
- IVORY COAST — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA — Jamaica Red Cross Society, 76 *Arnold Road, Kingston 5*.
- JAPAN — Japanese Red Cross, 5 *Shiba Park, Minato-Ku, Tokyo*.
- JORDAN — Jordan National Red Crescent Society, P.O. Box 10 001, *Amman*.
- KENYA — Kenya Red Cross Society, *St Johns Gate, P.O. Box 712, Nairobi*.
- KHMER REPUBLIC — Khmer Red Cross, 17, *Vithei Croix-Rouge khmère, P.O.B. 94, Phnom-Penh*.
- KOREA (Democratic People's Republic) — Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- KOREA (Republic) — The Republic of Korea National Red Cross, 32-3 *Ka Nam San-Donk, Seoul*.
- KUWAIT — Kuwait Red Crescent Society, P.O. Box 1359, *Kuwait*.
- LAOS — Lao Red Cross, P.B. 650, *Vientiane*.
- LEBANON — Lebanese Red Cross, *rue Général Spears, Beirut*.

ADDRESSES OF CENTRAL COMMITTEES

- LIBERIA** — Liberian National Red Cross, National Headquarters, Corner of Tubman boulevard and 9th Street Sinkor, P.O. Box 226, *Monrovia*.
- LIBYAN ARAB REPUBLIC** — Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN** — Liechtenstein Red Cross, FL-9490 *Vaduz*.
- LUXEMBOURG** — Luxembourg Red Cross, Parc de la Ville, C.P. 234, *Luxembourg*.
- MADAGASCAR** — Red Cross Society of Madagascar, rue Clemenceau, P.O. Box 1168, *Tananarive*.
- MALAWI** — Malawi Red Cross, Hall Road, Box 247, *Blantyre*.
- MALAYSIA** — Malaysian Red Cross Society, 519 Jalan Belfield, *Kuala Lumpur*.
- MALI** — Mali Red Cross, B.P. 280, route de Koulikora, *Bamako*.
- MEXICO** — Mexican Red Cross, Avenida Ejército Nacional, n° 1032, *Mexico* 10, D.F.
- MONACO** — Red Cross of Monaco, 27 Boul. de Suisse, *Monte-Carlo*.
- MONGOLIA** — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan Bator*.
- MOROCCO** — Moroccan Red Crescent, rue Benzakour, B.P. 189, *Rabat*.
- NEPAL** — Nepal Red Cross Society, Tripureswar, P.B. 217, *Kathmandu*.
- NETHERLANDS** — Netherlands Red Cross, 27 Prinsessegracht, *The Hague*.
- NEW ZEALAND** — New Zealand Red Cross, 61 Dixon Street, P.O.B. 6073, *Wellington* C.2.
- NICARAGUA** — Nicaraguan Red Cross, 12 Avenida Noroeste, 305, *Managua*, D.N.
- NIGER** — Red Cross Society of Niger, B.P. 386, *Niamey*.
- NIGERIA** — Nigerian Red Cross Society, Eko Akete Close, off. St. Gregory Rd., Onikan, P.O. Box 764, *Lagos*.
- NORWAY** — Norwegian Red Cross, Parkveien 33b, *Oslo*.
- PAKISTAN** — Pakistan Red Cross, Dr Dawood Pota Road, *Karachi* 4.
- PANAMA** — Panamanian Red Cross, Apartado 668, *Panama*.
- PARAGUAY** — Paraguayan Red Cross, calle André Barbero y Artigas 33, *Asunción*.
- PERU** — Peruvian Red Cross, Jiron Chancay 881, *Lima*.
- PHILIPPINES** — Philippine National Red Cross, 860 United Nations Avenue, P.O.B. 280, *Manila* D-406.
- POLAND** — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL** — Portuguese Red Cross, General Secretaryship, Jardim 9 de Abril 1 a 5, *Lisbon* 3.
- RUMANIA** — Red Cross of the Socialist Republic of Rumania, Strada Biserica Amzei 29, *Bucarest*.
- SALVADOR** — Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente 21, *San Salvador*.
- SAN MARINO** — San Marino Red Cross, Palais gouvernemental, *San Marino*.
- SAUDI ARABIA** — Saudi Arabian Red Crescent *Riyadh*.
- SENEGAL** — Senegalese Red Cross Society, Bld. Franklin-Roosevelt, P.O.B. 299, *Dakar*.
- SIERRA LEONE** — Sierra Leone Red Cross Society, 6 Liverpool Street, P.O.B. 427, *Freetown*.
- SOMALI REPUBLIC** — Somali Red Crescent Society, P.O. Box. 937, *Mogadiscio*.
- SOUTH AFRICA** — South African Red Cross, Cor. Kruis & Market Streets, P.O.B. 8726 *Johannesburg*.
- SPAIN** — Spanish Red Cross, Eduardo Dato 16, *Madrid*, 10.
- SUDAN** — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN** — Swedish Red Cross, Artillerigatan 6, 10440, *Stockholm* 14.
- SWITZERLAND** — Swiss Red Cross, Taubenstrasse, 8, B.P. 2699, 3001 *Berne*.
- SYRIA** — Syrian Red Crescent, Bd Mahdi Ben Barake, *Damascus*.
- TANZANIA** — Tanganyika Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND** — Thai Red Cross Society, King Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO** — Togolese Red Cross Society, Avenue des Alliés 19, P.O. Box 655, *Lomé*.
- TRINIDAD AND TOBAGO** — Trinidad and Tobago Red Cross Society, 48 Pembroke Street, P.O. Box 357, *Port of Spain*.
- TUNISIA** — Tunisian Red Crescent, 19, rue d'Angleterre, *Tunis*.
- TURKEY** — Turkish Red Crescent, Yenisehir, *Ankara*.
- UGANDA** — Uganda Red Cross, Nabunya Road, P.O. Box 494, *Kampala*.
- UNITED ARAB REPUBLIC** — Red Crescent Society of the United Arab Republic, 34. rue Ramses, *Cairo*.
- UPPER VOLTA** — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY** — Uruguayan Red Cross, Avenida 8 de Octubre, 2990 *Montevideo*.
- U.S.A.** — American National Red Cross, 17th and D Streets, N.W., *Washington* 6 D.C.
- U.S.S.R.** — Alliance of Red Cross and Red Crescent Societies, Tcheremushki, J. Tcheremushkinskii proezd 5, *Moscow* W-36.
- VENEZUELA** — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM (Democratic Republic)** — Red Cross of the Democratic Republic of Viet Nam, 68, rue Bà-Triệu, *Hanoi*.
- VIET NAM (Republic)** — Red Cross of the Republic of Viet Nam, 201, duong Hồng-Tháp-Tu, No. 201, *Saigon*.
- YUGOSLAVIA** — Yugoslav Red Cross, Simina ulica broj 19, *Belgrade*.
- ZAMBIA** — Zambia Red Cross, P.O. Box R. W. 1, Ridgeway, *Lusaka*.